

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 6  
 FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>  |  | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490375       </div> |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |   |

|  |             |   |   |
|--|-------------|---|---|
| Full Name of Payee<br><b>California Nurses Association</b> |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: flex; justify-content: space-between;"> <div>03</div> <div>01</div> <div>2016</div> </div> |   |
| Mailing Address    155 Grand Avenue                        |             | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>  |   |
| City<br>Oakland  | State<br>CA | Zip Code<br>94612   | <b>Transaction ID : D710540</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: flex; justify-content: space-between;"> <div>03</div> <div>02</div> <div>2016</div> </div> |
| Purpose of Expenditure<br>Online Ad                        |             | Category/<br>Type   |   |
| Name of Federal Candidate<br>Bernie Sanders                |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: DC  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought    |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶   |   |

|  |             |   |   |
|--|-------------|---|---|
| Full Name of Payee<br><b>California Nurses Association</b> |             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: flex; justify-content: space-between;"> <div>03</div> <div>01</div> <div>2016</div> </div> |   |
| Mailing Address    155 Grand Avenue                        |             | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">50.00</div>  |   |
| City<br>Oakland  | State<br>CA | Zip Code<br>94612   | <b>Transaction ID : D710541</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <div style="display: flex; justify-content: space-between;"> <div>03</div> <div>02</div> <div>2016</div> </div> |
| Purpose of Expenditure<br>Online Ad                        |             | Category/<br>Type   |   |
| Name of Federal Candidate<br>Bernie Sanders                |             | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House    District: 00<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: MA  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought    |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶   |   |

|   |   |
|---|---|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>      |
| (c) <b>TOTAL</b> Independent Expenditures.....▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>      |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

[Electronically Filed]

Date

MM

DD

YYYY

03

03

2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 6  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                    |  |                                 |
|--|--------------------|--|---------------------------------|
| Full Name of Payee<br><b>Erin L FitzGerald</b>                             |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>02 / 27 / 2016</b>   |                                 |
| Mailing Address <b>1028 Florida Street</b>                                 |                    | Amount<br><b>5500.00</b>   |                                 |
| City<br><b>Vallejo</b>   | State<br><b>CA</b> | Zip Code<br><b>94590</b>   | Transaction ID : <b>D710542</b> |
| Purpose of Expenditure<br><b>Video Production</b>                          | Category/Type      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 02 / 2016</b>  |                                 |
| Name of Federal Candidate<br><b>Bernie Sanders</b>                         |                    | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>DC</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>50540.98</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |                                 |

|  |                    |  |                                 |
|--|--------------------|--|---------------------------------|
| Full Name of Payee<br><b>California Nurses Association</b>                 |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 02 / 2016</b>   |                                 |
| Mailing Address <b>155 Grand Avenue</b>                                    |                    | Amount<br><b>50.00</b>   |                                 |
| City<br><b>Oakland</b>   | State<br><b>CA</b> | Zip Code<br><b>94612</b>   | Transaction ID : <b>D710610</b> |
| Purpose of Expenditure<br><b>Online Ad</b>                                 | Category/Type      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |                                 |
| Name of Federal Candidate<br><b>Bernie Sanders</b>                         |                    | <input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b><br><input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>DC</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>50540.98</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |                                 |

|  |                |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>5550.00</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                |
| (c) TOTAL Independent Expenditures.....▶                   |                |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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Date

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**03 / 03 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                    |  |                                 |
|--|--------------------|--|---------------------------------|
| Full Name of Payee<br><b>California Nurses Association</b>                 |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 02 / 2016</b>   |                                 |
| Mailing Address <b>155 Grand Avenue</b>                                    |                    | Amount<br><b>12082.66</b>  |                                 |
| City<br><b>Oakland</b>   | State<br><b>CA</b> | Zip Code<br><b>94612</b>   | Transaction ID : <b>D710611</b> |
| Purpose of Expenditure<br><b>Printing</b>                                  | Category/Type      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |                                 |
| Name of Federal Candidate<br><b>Bernie Sanders</b>                         |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>00</b> State: <b>DC</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>50540.98</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |                                 |

|  |                    |  |                                 |
|--|--------------------|--|---------------------------------|
| Full Name of Payee<br><b>California Nurses Association</b>                 |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 06 / 2016</b>   |                                 |
| Mailing Address <b>155 Grand Avenue</b>                                    |                    | Amount<br><b>436.90</b>  |                                 |
| City<br><b>Oakland</b>   | State<br><b>CA</b> | Zip Code<br><b>94612</b>   | Transaction ID : <b>D710612</b> |
| Purpose of Expenditure<br><b>Payroll Expense</b>                           | Category/Type      | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |                                 |
| Name of Federal Candidate<br><b>Bernie Sanders</b>                         |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>00</b> State: <b>DC</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>50540.98</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |                                 |

|  |                 |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>12519.56</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                 |
| (c) TOTAL Independent Expenditures.....▶                   |                 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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**03 / 03 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|  |                    |  |                                 |
|--|--------------------|--|---------------------------------|
| Full Name of Payee<br><b>California Nurses Association</b>                 |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 06 / 2016</b>   |                                 |
| Mailing Address <b>155 Grand Avenue</b>                                    |                    | Amount<br><b>943.42</b>  |                                 |
| City<br><b>Oakland</b>   | State<br><b>CA</b> | Zip Code<br><b>94612</b>   | Transaction ID : <b>D710613</b> |
| Purpose of Expenditure<br>Payroll Expense                                  | Category/<br>Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |                                 |
| Name of Federal Candidate<br><b>Bernie Sanders</b>                         |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>00</b> State: <b>DC</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>50540.98</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |                                 |

|   |                    |  |                                 |
|---|--------------------|--|---------------------------------|
| Full Name of Payee<br><b>California Nurses Association</b>              |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 02 / 2016</b>   |                                 |
| Mailing Address <b>155 Grand Avenue</b>                                 |                    | Amount<br><b>50.00</b>   |                                 |
| City<br><b>Oakland</b>  | State<br><b>CA</b> | Zip Code<br><b>94612</b>   | Transaction ID : <b>D710614</b> |
| Purpose of Expenditure<br>Online Ad                                     | Category/<br>Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |                                 |
| Name of Federal Candidate<br><b>BERNARD SANDERS</b>                     |                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate<br>District: <b>00</b> State: <b>IL</b> |                                 |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>93.60</b> |                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶  |                                 |

|   |               |
|---|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | <b>993.42</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ |               |
| (c) TOTAL Independent Expenditures.....▶                  |               |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

|   |  |  |
|---|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

|   |  |   |
|---|--|---|
| Full Name of Payee<br><b>California Nurses Association</b>              |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |
| Mailing Address <b>155 Grand Avenue</b>                                 |  | Amount<br><b>43.60</b>  |
| City<br><b>Oakland</b>  | State<br><b>CA</b>   | Zip Code<br><b>94612</b>  |
| Purpose of Expenditure<br>Equipment Rental                              | Category/Type  | Transaction ID : <b>D710615</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |
| Name of Federal Candidate<br><b>BERNARD SANDERS</b>                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>93.60</b> |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |

|  |  |   |
|--|--|---|
| Full Name of Payee<br><b>National Nurses United</b>                        |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |
| Mailing Address <b>155 Grand Avenue</b>                                    |  | Amount<br><b>30228.00</b>   |
| City<br><b>Oakland</b>   | State<br><b>CA</b>   | Zip Code<br><b>94612</b>  |
| Purpose of Expenditure<br>Media Time Buy                                   | Category/Type  | Transaction ID : <b>D710618</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>  |
| Name of Federal Candidate<br><b>Bernie Sanders</b>                         | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>50540.98</b> |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |

|   |                 |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | <b>30271.60</b> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ |                 |
| (c) TOTAL Independent Expenditures.....▶                  |                 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 6 OF 6  
FOR SE OF FORM 24/48

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br><b>National Nurses United for Patient Protection</b>                 |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00490375  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|   |                    |  |   |  |  |
|---|--------------------|--|---|--|--|
| Full Name of Payee<br><b>National Nurses United</b>     |                    |  | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>03 / 01 / 2016</b>  |  |  |
| Mailing Address <b>155 Grand Avenue</b>                 |                    |  | Amount<br><b>1250.00</b>  |  |  |
| City<br><b>Oakland</b>                                  | State<br><b>CA</b> | Zip Code<br><b>94612</b>   | Transaction ID : <b>D710619</b>   |  |  |
| Purpose of Expenditure<br><b>Media Time Buy</b>         |                    | Category/Type  | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>03 / 03 / 2016</b>   |  |  |
| Name of Federal Candidate<br><b>Bernie Sanders</b>      |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>50540.98</b>  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2016 <input type="checkbox"/> Other (specify) ▶                   |  |  |

|   |       |   |  |  |  |
|---|-------|---|--|--|--|
| Full Name of Payee                                      |       |   | Date of Public Distribution/Dissemination<br>MM / DD / YYYY  |  |  |
| Mailing Address   |       |   | Amount   |  |  |
| City  | State | Zip Code  | Date of Disbursement or Obligation<br>MM / DD / YYYY   |  |  |
| Purpose of Expenditure                                  |       | Category/Type   |  |  |  |
| Name of Federal Candidate                               |       | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |       |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                |  |  |

|   |                 |
|---|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | <b>1250.00</b>  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) TOTAL Independent Expenditures..... ▶                   | <b>50684.58</b> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martha Kuhl

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Signature